

0004/025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2036 STONEBROOK PLACE KINGSPORT, TN 37660	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157 SS-D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to notify the Physician of a significant change in urinary</p>	F 157	<p>F157</p> <p>I. Resident #73 was discharged prior to survey.</p> <p>II. All residents have the potential to be affected. MDS pulled continence scores of residents for past three mds to determine if any other resident had change in continence requiring physician notification.</p>	12/4/15 Date of Compliance

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's policies and procedures provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

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F 157	<p>Continued From page 1</p> <p>incontinence status for 1 resident (#73) of 2 residents reviewed for urinary incontinence of 35 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility's policy Change in a Resident's Condition or Status revised 8/2011, revealed, "...our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status...A significant change in the resident's physical/emotional/mental condition...Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status..."</p> <p>Medical record review revealed Resident #73 was admitted to the facility on 5/21/15 with diagnoses of Chronic Airway Obstruction, Congestive Heart Failure, Joint Replacement Shoulder, Diabetes Mellitus Type II, Chronic Pulmonary Heart Disease, Aortic Valve Disorder, Dysmetabolic Syndrome, Osteoarthritis, Cellulitis of Leg, Morbid Obesity, and Depression.</p> <p>Review of the resident's admission Minimum Data Set (MDS) dated 5/29/15 revealed the resident's Brief Interview for Mental Status (BIMS) was 15, indicating the resident was cognitively intact. Continued review revealed the resident was always continent of bladder.</p> <p>Medical record review of a facility admission bladder evaluation dated 5/21/15 revealed the resident's bladder continence scale was assessed as complete control. Further review</p>	F 157	<p>III. Licensed nursing staff in-serviced on 11/27/15 on change of condition including MD and family notification by the Director of Nursing. Nursing supervisor will review twenty four hour report, adl flow sheets, and new orders for any changes in condition. Nursing supervisor will conduct these reviews Monday through Friday excluding holidays.</p> <p>IV. Nursing supervisor will report to Director of Nursing weekly. Weekly reports will be taken to QA monthly.</p>	

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F 157	Continued From page 2 revealed there were no other bladder evaluations during the resident's stay. Review of the facility's ADL (activities of daily living) Flow Record for 6/2015 revealed the resident was frequently incontinent of bladder (more than 7 episodes) from 6/1/15 through 6/7/15. Continued review of the ADL Flow Record revealed the resident was totally incontinent of bladder from 6/8/15 through discharge on 8/26/15. Medical record review of a Nursing Weekly Summary dated 6/1/15 revealed, "...Cont. [continent] of B/B [bowel and bladder] with occasional incontinent episodes..." Review of the facility MD (Physician's) Office Notes dated 6/28/15, 7/27/15 and 8/18/15, revealed the Physician did not address the resident's change in continence status. Interview with the Director of Nursing (DON) on 11/13/15 at 10:21 AM, in the DON's office, confirmed the nursing staff performed ongoing assessments and were to report to the physician any decline in the resident's bladder function. The DON confirmed the resident's bladder function was a significant change in the resident's status and the nursing staff failed to notify the Physician of the resident's decline.	F 157			
F 160 SS=D	483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or	F 160	<p>F160</p> <p>I. The state of Tennessee treasury on behalf of resident #150 was reimbursed on 11/18/15.</p> <p>II. All residents have the potential to be affected. Regional accountant audited on 11/17/15 to determine if any other residents affected. No other residents affected by this deficient practice.</p>		12/14/15

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NAME OF PROVIDER OR SUPPLIER

BROOKHAVEN MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

2035 STONEBROOK PLACE

KINGSPORT, TN 37660

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F 160	<p>Continued From page 3</p> <p>probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of the resident trust accounts and interview, the facility failed to convey the resident's funds to the resident's family or estate after the death of the resident for one resident (#170) of 58 resident accounts reviewed.</p> <p>The finding included:</p> <p>Review of the facility's Statement Register for the trust accounts from July 2015 through November 2015, revealed Resident #170 had a continued balance of \$376.33. Continued review of the Statement Register revealed the resident had expired on 5/13/13.</p> <p>Interview with the Business Manager on 11/10/15 at 10:55 AM, in the payroll office, confirmed the facility continued to have the resident's account open. Continued interview with the Business Manager confirmed the resident had expired on 5/31/13.</p>	F 160	<p>III. Business office manager to conduct a new monthly audit of discharged residents to ensure compliance.</p> <p>IV. Regional accountant to audit compliance with visits quarterly.</p>	12/4/15
F 315 SS-E	<p>483.25(d) NO CATHETER. PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident</p>	F 315	<p>F315</p> <p>I. Resident #73 was deceased prior to survey.</p> <p>II. All residents have the potential to be affected. Other residents in house 11/11/15 reviewed for changes in MDS coding on urinary incontinence.</p>	

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F 315	<p>Continued From page 4</p> <p>who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide treatment and services to restore as much normal bladder function as possible for 1 resident (#73) of 2 residents reviewed for urinary incontinence of 35 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #73 was admitted to the facility on 5/21/15 with diagnoses of Chronic Airway Obstruction, Congestive Heart Failure, Joint Replacement Shoulder, Diabetes Mellitus Type II, Chronic Pulmonary Heart Disease, Aortic Valve Disorder, Dysmetabolic Syndrome, Osteoarthritis, Cellulitis of Leg, Morbid Obesity, and Depression.</p> <p>Review of the resident's admission Minimum Data Set (MDS) dated 5/29/15 revealed the resident's Brief Interview for Mental Status (BIMS) was 15, indicating the resident was cognitively intact. Continued review revealed the resident was always continent of bladder.</p> <p>Medical record review of a facility admission bladder evaluation dated 5/21/15 revealed the resident's bladder continence scale was assessed as complete control. Further review revealed no other bladder evaluations were completed during the resident's stay.</p>	F 3	<p>III. Nursing staff inserviced on notification in changes in continence status 11/27/15. As a new process nursing supervisor will review adl flow sheets Monday through Friday excluding holidays. Bladders assessments on residents identified during in house review will be completed by 12/1/15. Residents identified as appropriate for bladder training will be started on a bladder training program by 12/2/15.</p>	

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F 315	Continued From page 5 Review of the facility's ADL (activities of daily living) Flow Record for 8/2015 revealed the resident was frequently incontinent of bladder (more than 7 episodes) from 8/1/15 through 8/7/15. Continued review of the ADL Flow Record revealed the resident was totally incontinent of bladder from 8/8/15 through discharge on 8/26/15. Medical record review of a Nursing Weekly Summary dated 8/1/15 revealed "...Cont. [continent] of B/B [bowel and bladder] with occasional incontinent episodes..." Interview with the Director of Nursing (DON) on 11/13/15 at 10:21 AM, in the DON's office, confirmed the facility did not have a bowel and bladder policy. The DON confirmed no bladder evaluation had been completed since the admission evaluation and the facility failed to provide treatment and services to restore as much normal bladder function as possible for Resident #73.	F 315	IV. Nursing supervisor will report to director of nursing weekly the results of the adl flow sheet for changes in bladder status x4 weeks and these weekly reports will be taken to qa. MDS will report to director of nursing any observed changes in bladder status during MDS assessments.	
F 371 SS=F	483.35(f) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	I. All undated drinks were immediately discarded and freshly poured by dietary staff. Ice buildup was removed immediately. II. All residents have the potential to be affected.	12/14/15

2019/025

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F 371	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, observations, and interview, the facility failed to maintain a sanitary environment for 1 of 2 refrigerators and 1 of 1 freezers observed in the dietary department.</p> <p>The findings included:</p> <p>Review of the facility policy Refrigerators and Freezers, undated, revealed, "...This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines...All food shall be appropriately dated to ensure proper rotation by expiration dates...Used by dates will be completed with expirations dates on all prepared food in refrigerators...Refrigerators and freezers will be kept clean, free of debris..."</p> <p>Observation of the stand alone refrigerator with the Cook on 11/8/15 at 10:34 AM, in the kitchen, revealed the following undated items: 3 eight ounce cups with clear liquids; 7 four ounce cups with brown colored liquid; 1 eight ounce cup with red colored liquid; 11 eight ounce cups with cream colored liquids; 2 eight ounce cups with yellow cloudy liquids; 4 eight ounce cups with light orange colored liquids; and 8 eight ounce cups with dark orange colored liquids.</p> <p>Observation of the stand alone freezer with the Cook on 11/8/15 at 10:54 AM, in the kitchen, revealed over 12 inches of powdered and frozen ice on the floor at the freezer entrance. Continued observation revealed 6 of the hanging plastic freezer curtains at the freezer entrance measuring 79 3/4 inches long and 8-8 inches wide were covered with hard powdered and frozen ice.</p>	F 371	<p>III. Inservicing of dietary staff initiated on 11/15/15 with completion on 11/25/15 regarding dating of poured drinks. Compression P10338-1 Gasket material for repair of freezer door ordered 11/25/15.</p> <p>IV. Walking rounds will be completed to ensure proper rotation by expiration dates and to ensure safe refrigerator and freezer maintenance temperatures and sanitation by dietary manager or registered dietician weekly as part of dietary sanitation</p>	

2011/028

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F 371	Continued From page 7	F 371	Inspection and taken to Quality Assurance committee monthly.		
F 441 SS=D	483.85 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	F441 I. Resident #95 assessed with no adverse effects as a result of deficient practice.	12/14/15	

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F 441	<p>Continued From page 8 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, the facility failed to ensure hands were disinfected after glove removal during a dressing change for 1 of 1 resident (#95) of 35 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility's policy Dressing Change, Clean, undated, revealed "...Procedure...10: Remove soiled dressing and discard in plastic bag. 11. Dispose of gloves in plastic bag. 12. Cleanse hands by washing or use hand sanitizer. 13. Put on second pair of disposable gloves..."</p> <p>Observation of a dressing change for Resident #95 on 11/10/15 at 8:50 AM. In the resident's room, revealed Licensed Practical Nurse (LPN) #1 had donned gloves, removed the old dressing, removed her gloves, and without disinfecting the hands, started opening the dressing packages. Continued observation revealed she retrieved clean gloves from the glove box, donned gloves, and continued to clean the wound. LPN #1 removed gloves, disinfected hands, donned clean gloves, packed the wound with gauze, placed a gauze dressing, removed gloves, and without disinfecting the hands, retrieved clean gloves</p>	F 441	<p>II. Active residents with wounds on 11/10/15 will be assessed for adverse effects by 12/4/15.</p> <p>III. Wound care competency completed with LPN #1 on 11/10/15.</p> <p>IV. Weekly for 4 weeks RN will observe LPN #1 for proper disinfection after glove removal during a dressing change. Assurance committee monthly. Results will be brought to QA committee.</p>	

11/24/2015 TUE 15:52 FAX 8655942168 Dept of Health

2013/025

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F 441	Continued From page 9 from the box. Interview with the LPN #1 on 11/10/15 at 9:05 AM, in the hallway, confirmed she did not disinfect her hands after glove removal and prior to retrieving clean gloves from the box.	F 441		